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## APPLICANTS

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*Refused KDM*

\*\* CONTINUING DATA \*\*\*\*\*

*none KDM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Robert M. Isackson</i>			
Verified and Acknowledged	INITIALS <i>KDM</i>			

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## TITLE

Stimulation circuits for a cycle to cycle stimulation threshold capture for an active implantable medical device such as a pacemaker, defibrillator and/or cardioverter or a multisite device

FILING FEE  RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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